PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

870-03090301

									1 1			
CLAIMS AS FILED - PART I (Column 1) (Column 2)								MALL E	NTITY			R THAN
TOTAL CLAIMS			28		(Column 2)		֧֧֓֞֝֓֞֜֝֓֓֓֓֓֓֓֓֓֓֓֡֡֡֡֓֓֓֡֡֡֡֡֡֡֡֓֓֡֡֡֡֡֡֡֡֡֡	YPE [FEE	OR	SMALL	ENTITY
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE	 	OR	BASIC FEE	FEE 770.00
TOTAL CHARGEABLE CLAIMS			28 minus 20=		* 4			X\$ 9=	10	\exists		770.00
INDEPENDENT CLAIMS			minus 3 =		*		-		1/2	OR		
MULTIPLE DEPENDENT CLAIM PR			<u> </u>				╽┟	X43=		OR	X86=	
* 14	the difference	a in column 1 is	loss then		"O" :-		' <u>L</u>	+145=		OR	+290=	
* If the difference in column 1 is less than zero, enter "0" in column 2						column 2		TOTAL	457	OR	TOTAL	
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)							:	SMALL I	ENTITY	OR	OTHER SMALL	
		CLAIMS		HIGHE		1	1 —			7		,
AMENDMENT A		REMAINING AFTER AMENDMENT		NUME PREVIO PAID F	USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
AME	Independent	*	Minus	***		=		X43=	· · · · · · · · · · · · · · · · · · ·	OR	X86=	
	FIRST PRESE	ENTATION OF M	ULTIPLE DE	PENDENT	CLAIM		-	145	<u></u>	1 1	.000	
			+145= TOTAL		OR	+290=	!					
							AD	DIT. FEE		OR ,	TOTAL ADDIT. FEE	
		(Column 1)		(Colum		(Column 3)						
m		CLAIMS REMAINING	1	HIGHE				T	ADDI-	1 6		ADDI-
		AFTER		NUMB PREVIO		PRESENT EXTRA	11,		TIONAL	1 1	RATE	TIONAL
		AMENDMENT		PAID F		EATRA		""-	FEE	1	ייאיי	FEE
AMENDMENT	Total	*	Minus	**		=	,	X\$ 9=	. ==	OR	X\$18=	<u> </u>
	Independent	*	Minus	***		=	,	X43=		OR	X86=	
	FIRST PRESE	NTATION OF MU	JLTIPLE DEF	PENDENT	CLAIM		\	145=			+290=	
							L	TOTAL		OR	TOTAL	
(Column 4)								DIT. FEE		OR A	DDIT. FEE	
_	`	(Column 1) CLAIMS		(Columi		(Column 3)						
ပ	`	REMAINING	•	NUMBE		PRESENT			ADDI-	Γ		ADDI-
=		AFTER		PREVIOL		EXTRA	l B		IONAL	1	RATE	TIONAL
<u> </u>		AMENDMENT		PAID FO	DR .				FEE	ł		FEE
<u> </u>	Total	*	Minus	**		=	X	\$ 9=		OR	X\$18=	
7 -	Independent	*	Minus	***		-	X	43=		OR	X86=	
	rino i PHESEI	NTATION OF MU	LIPLE DEF	'ENDENT (CLAIM		·					
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.										OR	+290=	
to the entry in column 1 is less than the entry in column 2, write "0" in column 3. *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."												
T	he "Highest Numi	ber Previously Paid	For (Total or	o SPACE is li Independent	ess than i) is the h	3, enter "3." nighest number			priate box			